

Fill in this information to identify the case:

Debtor 1 Todd A. Trozzo
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania
(State)

Case number: 16-21878

RECEIVED

MAR 12 2024

CLERK, U.S. BANKRUPTCY COURT
WEST DIST OF PENNSYLVANIA

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$1186.33
Claimant's Name:	The Bureaus Inc
Claimant's Current Mailing Address, Telephone Number, and Email Address:	650 Dundee Rd., Suite 370 Northbrook, IL 60062 Phone: 630-282-5755 Email: rmajewski@thebureausinc.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Western District of Pennsylvania

Joseph F. Weis, Jr. U.S. Courthouse
700 Grant Street, Suite 4000
Pittsburgh, PA 15219

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 10-12-2023

Ronni Majewski
Signature of Applicant

Ronni Majewski
Printed Name of Applicant

650 Dundee Rd., Suite 370
Address: Northbrook, IL 60062

Telephone: 630-282-5755

Email: rmajewski@thebureausinc.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF IL

COUNTY OF COOK

This Application for Unclaimed Funds, dated 10-12-2023 was subscribed and sworn to before me this 12th day of OCTOBER, 2023 by

RONNI MAJEWSKI

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public Carole A. Wiegel

My commission expires: 12/6/25

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires: _____

CAROLE A WIEGEL

Official Seal

Notary Public - State of Illinois
My Commission Expires Dec 6, 2025

CERTIFICATE OF SERVICE

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required documentation was mailed to:

Office of the U.S. Attorney
Western District of Pennsylvania
Joseph F. Weis, Jr. U.S. Courthouse
700 Grant Street, Suite 4000
Pittsburgh, PA 15219

Names and addresses of all other parties served:

Date: 10-12-2023

Ronni Majewski
(Signature)

Ronni Majewski
(Name Printed)

650 Dundee Rd., Suite 370
(Street or P O Box Address)

Northbrook
(City)

IL
(State)

60062
(Zip Code)

SCAN FORM AND ATTACHMENTS

RECORD OF FUNDS RECEIVED FOR DEPOSIT
INTO REGISTRY ACCOUNT

TO: 1. *Intake Clerk **
2. *Case Administrator*

UC

FROM: *Financial Administrator*

DATE: 8/30/2019

CASE NAME: Trozzo

CASE NUMBER: 16-21878-CMB

Check Number 1128732 in the amount of \$ 1,186.33 was received this date and placed in an existing registry account of unclaimed funds.

Receipt Number: 16154 Intake Clerk's Initials aw

* AFTER CHECK IS ENDORSED THROUGH THE REGISTER, PLEASE FORWARD TO THE APPROPRIATE CASE ADMINISTRATOR.

#4b-F

OFFICE OF THE CHAPTER 13 TRUSTEE, W.D. PA

U.S. STEEL TOWER - SUITE 3250

600 GRANT STREET

PITTSBURGH, PA 15219

TELEPHONE: (412) 471-5566

FAX: (412) 471-5470

Email - inquiries@chapter13trusteedpa.com

RONDA J. WINNECOUR

STANDING TRUSTEE

08/28/2019

Michael R. Rhodes, Esquire
Clerk, US Bankruptcy Court
5414 U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219

OR

Michael R. Rhodes, Esquire
Clerk, US Bankruptcy Court
U.S. Courthouse, Room B160
17 South Park Row
Erie, PA 16501

Re: TODD A. TROZZO

Case No: 16-21878CMB

Dear Mr. Rhodes:

I enclose herein a check which represents unclaimed monies in the Chapter 13 case reference above.

These funds are owned by the following creditor. The Trustee issued payment to the creditor, in accordance with the Chapter 13 plan. The address shown is based on the Trustee's best and most recent information.

Bureaus Investment Group Portfolio No 15 Lic++
C/O Recovery Mgmt Syst Corp
25 Se 2Nd Ave Ste 1120
Miami, FL 33131-1605

CHECK NUMBER 1128732 AMOUNT \$1186.33

The disbursement(s) was returned to the Trustee for the following reason:

Creditor is on Global Reserve

Therefore, pursuant to Section 347(a) of the Bankruptcy Code, the Trustee hereby pays the funds into Court for disposition in accordance with Chapter 129 of Title 28, U.S.C.

/s/ Jackie Blough

Administrative Assistant
for Ronda J. Winnecour, Esq.
Chapter 13 Trustee

CC: DANIEL R WHITE ESQ
TODD A. TROZZO

Bureaus Investment Group Portfolio No 15 Lic++

Fill in this information to identify the case:

Debtor 1 TODD A TROZZO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Pennsylvania
(State)

Case number 16-21878-CMB

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Bureaus Investment Group Portfolio No 15 LLC</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>CAPITAL ONE, N.A.</u>	
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. From whom? <u>Capital One</u>	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Bureaus Investment Group Portfolio No 15 LLC</u> <u>c/o Recovery Management Systems Corp</u> Name <u>25 SE 2nd Avenue Suite 1120</u> Number Street <u>Miami</u> <u>FL</u> <u>33131-1805</u> City State ZIP Code Contact phone <u>(305) 379-7674</u> Contact email <u>claims@recoverycorp.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

3800036320 - 14406133

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?

☐ No

☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 4918

7. How much is the claim?

\$ 6,316.06

Does this amount include interest or other charges?

☐ No

☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

Credit Card

9. Is all or part of the claim secured?

☒ No

☐ Yes. The claim is secured by a lien on property.

Nature of property:

☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____%

☐ Fixed

☐ Variable

10. Is this claim based on a lease?

☒ No

☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff?

☒ No

☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 5/31/2016
MM / DD / YYYY

/s/ Yehudis Illions

Signature

Print the name of the person who is completing and signing this claim:

Name	Yehudis Illions		
	First name	Middle name	Last name
Title	Bankruptcy Clerk		
Company	Recovery Management Systems Corporation		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	25 SE 2nd Avenue Suite 1120		
	Number	Street	
	Miami	FL	33131-1605
	City	State	ZIP Code
Contact phone	(305) 379-7674		Email
			claims@recoverycorp.com

Bankruptcy Rule 3001(c)(2)(A) Statement*

Itemize the interest, fees, expenses, and charges incurred before the petition date.**

Description	Amount
1. Principal	(1) <u>\$5,482.94</u>
2. Interest	(2) <u>\$853.12</u>
3. Fees	(3) <u>\$0.00</u>
4. Expenses	(4) <u>\$0.00</u>
5. Charges	(5) <u>\$0.00</u>
6. Total prepetition principal, interest, fees, expenses, and charges. Add all of the amounts listed above.	(6) <u>\$6,316.06</u>

Bankruptcy Rule 3001(c)(3)(A) Statement*

Description	Response
1. Name of the entity from whom the creditor purchased the account	(1) Capital One
2. Name of the entity to whom the debt was owed at the time of the account holder's last transaction on the account	(2) Unable to determine. (Original creditor is CAPITAL ONE, N.A.)
3. Date of the account holder's last transaction	(3) 12/10/2013
4. Date of the Last Payment on the Account	(4) 3/25/2014
5. Date on which the account was charged to profit and loss	(5) 8/30/2014

Obligor(s):

TODD A TROZZO

In the September 2010 Committee on Rules of Practice and Procedure Report to the Judicial Conference of the United States, the Committee acknowledged that "under federal record retention policies for financial institutions, credit card records generally need to be retained for only two (2) years. Furthermore, account information is usually stored in an electronic format, and it may not be practicable to reproduce a duplicate of an account statement."

- * The claimant expressly reserves its right to amend or supplement this statement and/or the proof of claim to which it attaches in any respect.
- All information concerning this account is based on records and documentation provided by Bureau's Investment Group Portfolio No 15 LLC to Recovery Management Systems Corporation. To request additional information or documentation with respect to the statement and/or proof of claim to which it attaches, please contact a claim specialist at (305) 379-7674 or at claims@recoverycorp.com. Some documents may no longer be available, or may have been lost or destroyed.

ILLINOIS James White • Secretary of State USA
DRIVER'S LICENSE
Federal Limits Apply

1 LIC NO: 04182022356137101
2 DOB: 05/15/1972
3 EXP: 05/15/2026
4 ISS: 04/16/2022
5 MAJEWski
6 RONNI M
7 6300 W LYONS ST
8 NILES, IL 60714

9 CLASS: D 10 END: NONE
11 REST: B

12 SEX: F 13 HGT: 5'-05"
14 WGT: 175 lbs 15 EYES: BRN TYPE: BRG

16 DO: 04182022356137101

Ronni Majewski

M22073372739
ILFELD1
Rev. 08/17/2018
06/18/1972



ilsos.gov

Blood Type
RH Factor

Medical Information/Living Will
Seal Area

Class: Single Veh GVWR 16000 or Less Except Cycles
Endorsements: NONE
Restrictions: B -Corrective Lenses